


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90292 023 \*\*\*150.00

<b>DOCUMENT # 850308</b>					
1. Entity Name <b>PUBLIC STORAGE, INC.</b>					
Principal Place of Business <b>701 S. WESTERN AVE. GLENDALE, CA 91201-2349</b>			Mailing Address <b>701 S. WESTERN AVE. GLENDALE, CA 91201-2349</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>95-3551121</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>NRAI SERVICES, INC. 526 E PARK AVE TALLAHASSEE, FL 32301-2525</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State <b>FL</b> Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CEO	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAVNER, RONALD L JR.		NAME		
STREET ADDRESS	701 WESTER AVE.		STREET ADDRESS		
CITY-ST-ZIP	GLENDALE, CA 91201		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LENKIN, HARVEY		NAME		
STREET ADDRESS	701 S. WESTERN AVE.		STREET ADDRESS		
CITY-ST-ZIP	GLENDALE, CA 91201		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHELPS, CARL B		NAME		
STREET ADDRESS	701 WESTERN AVENUE		STREET ADDRESS		
CITY-ST-ZIP	GLENDALE, CA 91201		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDBERG, DAVID		NAME		
STREET ADDRESS	701 S. WESTERN AVE.		STREET ADDRESS		
CITY-ST-ZIP	GLENDALE, CA 91201		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERTS, MICHELE		NAME	<i>Drew Adams</i>	
STREET ADDRESS	701 S. WESTERN AVE.		STREET ADDRESS	<i>701 Western Avenue</i>	
CITY-ST-ZIP	GLENDALE, CA 91201		CITY-ST-ZIP	<i>Glendale, CA 91201</i>	
TITLE	VST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERICH, OBREN D		NAME		
STREET ADDRESS	701 S. WESTERN AVE.		STREET ADDRESS		
CITY-ST-ZIP	GLENDALE, CA 91201		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Drew Adams</i>		Drew Adams		4/20/2004	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	
				818-244-8080	
				Daytime Phone #	